

# EXHIBIT 6



**October 7, 2020 6 p.m.**

**Resident Touchbase Meeting with Program Director**

Dr. Barbara Pawlaczyk met with resident Dr. Ahmed Elzein to discuss his performance and academic status with the program. Helena Kurowski attended the meeting virtually. Dr. Pawlaczyk is also the mentor for this resident.

**BACKGROUND:**

Dr. Pawlaczyk explained the purpose for the meeting.

He is not sure why people perceive him the way they do. Graduated in 2016 from medical school. Was in California in June. No medical training in Sudan after medical school. Has not practiced medicine since graduating medical school. Exposure to patient care was minimal. Did shadowing when he was in California. He needs to take time and get to know people. He is an introvert and has trouble feeling comfortable. Keeps to himself in the call room. Does not interact with others. He feels that the seniors are helpful. Ideas for overcoming personality traits were discussed. He does not like to be social, but feels comfortable talking to his peers. It is his nature to take time and get to know people.

Videotaping feedback was during a health maintenance meeting. Patient interaction was good. Shortcomings in medical knowledge and confidence. He feels like his medical knowledge is good, but needs improvement. He prepares for didactics regularly. Dr. Pawlaczyk suggested he read everything twice.

Scores have been low on MKSAP quizzes. What are his thoughts on his low scores. Not keeping up with the correct pages to prepare for the quizzes. Should do the second reading the night before to solidify knowledge. Do a couple questions to practice. Medical knowledge will improve automatically.

What does he study for step 3? How does he feel like he is doing with his studying for step 3? Based on his USMLE scores he is capable of passing Step 3.

What is his comfort level with patient care? He feels he has to improve, but feels like he is improving every day. Discussed physical exam learning experiences in Sudan. It was very hands-on but limited in the area of female sensitive exams.

Needs to work on medical knowledge, interactions with team, and patient care. He usually has a tx plan ideas, but is very hesitant to express what it is. Part of learning and being in training is to say what you think and what your ideas are about patient management and then working with the team from there. The best way to learn is that if there is something that was not exactly right, to discuss it with the senior members of the team and learn for the future. Sometimes he speaks up just for the sake of saying something. Needs to think about what he will say in response before he says it. He should think before he responds, not just guess and speak.

Physical exam wise. He should shadow other residents in the clinic. He will not do POCUS this block. He should take time to do some extra clinical work.



Dr. Pawlaczyk recapped what he should do each day beginning tomorrow (Thursday morning. Dr. Pawlaczyk will send him some links to some videos that will assist with physical exam skills. He should spend time refreshing his techniques and physical exam skills. In Sudan, females are usually seen by female doctors. Education in Sudan was very different than things are here. He needs to tell Dr. Pawlaczyk what she can help him with and what he is uncomfortable with. He has improved since day 1 but still needs to improve even more. He should also spend more time at the clinic over the next few weeks.

Friday and Monday he should go to the clinic. Tuesday is intern wellness day. Wednesday is Congdon and Resident Director meeting.

Dr. Pawlaczyk assured Dr. Elzein that everyone is trying to help him. It sometimes seems that he is lost. He has trouble following details. Dr. Pawlaczyk encouraged him to look up the rotation details in the IM Manual. Dr. Pawlaczyk also encouraged him to talk to his peers to obtain information about rotations and other things in addition to reviewing available resources and reaching out to her or the program manager for advice. He should contact the preceptor prior to starting every rotation. Dr. Pawlaczyk also advised him to check the schedule and milestones for the milestone feedback meeting on Monday and be on time.

He agreed to try and improve in all areas discussed. Dr. Pawlaczyk told him that he is likeable and professional. He accepts feedback well. He had no questions. Dr. Pawlaczyk told him he can always reach out to her if he has questions or needs to talk.

Dr. Elzein's schedule will be changed for the next 10 weeks to allow him to become more comfortable and familiar with the health care system and program's policies. He will be working 1:1 with the preceptor in the clinic and on IM staff rotation to allow for close observation, monitoring of his medical knowledge, skills and patients' care, and coaching.

Block 4, 10/5-10/18/2020: POCUS rotation will be changed to DHC (outpatient clinic)

Block 5 , 10/19-11/15 NF rotation will be changed to DHC/IM staff

Bock 5, 11/16-12/13 Cardiology rotation will be changed to DHC/IM staff

We will reach out to Dr. Vogel to seek advice regarding the evaluation process of Dr. Elzein to see if he is fit to work as IM resident.

Dr. Sandy will be working with Dr. Elzein in outpatient and inpatient settings clinically as well as on his medical knowledge by assigning and reviewing specific topics on a weekly basis.

CCC meetings - Dr. Elzein's progress will be reviewed monthly and/or more often if needed.

Dr. Elzein will meet with Dr. Pawlaczyk on a monthly basis and as needed.

Meeting notes submitted by Helena Kurowski, Program Manager